FOR INSTRUCTIONS, SEE BACK OF FORM

## **DISCLOSURE SUMMARY PAGE**

File with: iowa Ethics and Campaign Disolosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees 2011 NOV - | All statements and reports filed by new committees 2011 NOV - | All statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: REPORT (Rev. 12/2009) (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Parry (4) County Central Committee (5) County Candidate (5) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC For Office Use Only 14040 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged in Candidate Name Political Party (If applicable) Scanned Computer District (if Senate or House) Audited Late reports are subject to possible civil and criminal penalties. Pursuant to lowe Code sections 888.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # 1 (report date) ☐CHECK IF AMENDMENT TO REPORT DATED ocsLCgmmittees, enter Date of Election DV. 8. ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) ection is help STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ...... ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schadule H applies to Candidates' Committees Only) SUB-TOTAL..... SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debte and loans below)............ Schedule F: Loan Repayments total (Attach Schedule F)..... \*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$ CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTERS: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	•	(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  ATINGS FOR City Council		_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	TOCA	TONSHIP AMOUNT NDIDATE* RECEIVED plicable)	√ IF FOR FUND- RAISER INCOME
9/27/11	CK#	Tim Schupick 1100 Shapphire, Mason Com.	TA 50.00	
9/27/11	CK#	Robert Powell 68 Kentucky Ct, Mason City, IA	25.00	
9/27/11	ID# CK#	Karman Shriver 511 E. State, Mason City, It	50.00	
9/28/11	CK#	Pat Tomson 12 Briarstone G. Mason City I		
	CK#			
9/30/11	ID#	MAVIS Espinosa 1028 Manor Dr. Mason City I	A 25.00	
10/3/11	ID# CK#	Gary Schmit 21 Pock Glen, Mason City IA	200.00	
10/5/11	CK#	OJ Tomorn	VA 100.00	
10/5/11	ID# CK#	Dennis Reidel 842-11#STNE, MasonCity, IA	50.00	
10/5/11	ID# CK#	9 Beaumout BiMazm City JA	)00.co	
		SUB-T TOTAL (If last page of this s	\$X00.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3 (for Schedule A)

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	er de la companya de	<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Marinas for Cty Council			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(If applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND. RAISER INCOME
(D)	ID#	Jim FitzlatRick		\$	
14/11	CK#	11 Hack berry, Masm City I	CA	250.00	
10/5	ID#	Hal Winston			
اال	CK#	119-2nd St NW Masm City	JA	50.00	
10(5),	CK#	Dim Wright	` 		
19/11	ID#	65 Timber Cheek, Mason Cite	11 A	25.00	
10/8/	CK#	Joyce Hanes		<b>~</b>	
10/11	ID#	15436-310 5t Wasm Cot	17.5H	50.00	
[D]#[1]	CK#	Dorothy Feas	.,	155 -	
	ID# €		<del>以</del> 基	100.00	
10/14/11	CK#	Roberta Anderson	Т.,	100	
,	ID#	Chio Folkers	<u> المحل</u>	100.00	
10/14/11	CK#		Cuta JA	100 5	
4	ID#	Barbara Pappaiohn	Cuy-m	100.00	
10/16/17	CK#	321 WillowBrook Dr. Masmi	it. In	50.00	
10/	ID#	Jay Lala	My M	20.00	
110/11	CK#	221 Red Fox Ct, Masm City	IA	100.00	
10)	ID#	Michael Fiela	T		
11811	CK#	PO Box 172, Clear Lak, IA		25.00	لـــــا
			SUB-TOTAL	\$850.00	
		TOTAL (If lest page of	this schedule)	\$	

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 3 (for Schedule A)

For Instructions, See Back of Form	Reset Form	SCHEDULE	
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		<b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  Marinos for Cty Council			CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE SOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees,

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
10/18/11	CK#	Echo Kuiz 1920 N. Share Ar. Charfale	Ţ.	\$ 25.00	
10/24/11	CK#	Margo Underwood 609 5. Shore Dr. Clearfale		25.00	
12/24/11	ID# CK#	Rosalyn Colhoun 1035. York Ave, Mason Co		25.00	
10/24/11	CK#	John Barron 15411-3009Ct, Mason City	JA	<b>25</b> .05	
	ID#   CK# 				
10/20/11	CK#	Herold Plotts Bel S. Pennsylvania, IC. M	lason Cita	50.00	
10/20/11	CK#	Dave Vikturek 321-259 St. SE, Masm Coty	IA .	200.00	
boln	ID#	Marti Rodamaker 225 Rebble Creek Dr Masm		50,00	
0/31/11	ID#	Steve Noto 165 Pebble Creek Dr. Nosm Ci		100.00	
•	ID# CK#	Uniternized contribution		40.00	
			SUB-TOTAL	\$500.00	

\* Disciosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by memage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES; LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

B	MONETARY
(Rev. 07/03)	EXPENDITURES
CHE AME	CK THIS BOX IF INDING FORM

Mar	rinas for	r City Council		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	Purpose (Describe Transaction)	AMOUNT EXPENDED
10/1/11	CK#/ <i>OO</i> /	Mason City Post Office Mason City, Journ	Stamps for Mailing	\$44.00
10/3/1	ID# CK# /00 2	Staples 3440-4555 SW, Mas	folding of	≠99.51
10/19/11	ID# CK# /003	Mason City Post Office Mason City, Iowa		1,364.00
10/21/11	ID# CK# /004	Cabin Coffee Comp. 1304-455+3E, Mason	my supplies for	37.82
	ID# CK#		At .	
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL TOTAL (If last page of this schedule)	\$ <i>1545.33</i> \$ <i>1545</i> .33

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(I).)

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